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AUTHOR Vontress, Clemmont E.
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ABSTRACT

There are numerous problems involved in counseling minority group members. Rapport is difficult to establish because of the racial and/or cultural attitudes client and counselor have toward one another; consequently the client often finds his own goals in opposition to those of counseling. The existing cultural gap also leads to different patterns of transference and counter transference; the client expects punishment and rejection from the counselor, while the latter might either be excessively sympathetic and indulgent with minority clients or convey "the great white father syndrome" to his clients. Language is another important factor which hinders effective communications between counselors and clients coming from different cultural backgrounds. Finally, the psychological characteristics of self-hatred, machismo, unwillingness to self-disclose, and modesty are other barriers to successful counseling. Many specific tests are not recommended for use with minority groups that have been culturally isolated and do not speak English fluently. Counselors should thoroughly understand all aspects of minority group cultures and should be careful in recommendations that aim to help their clients. (SE)

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Racial and Ethnic Barriers in Counseling*

by

Clemmont E. Vontress
The George Washington University

The racial and ethnic diversity of people in the United States has never been denied. Early observers characterized the nation as a "melting pot," a folksy concept which suggested that culturally different citizens eventually would loose the distinct identities separating them. The concept aptly described many assimilated-oriented immigrants, who were so committed to becoming "real Americans" that their social and cultural interests, identities and allegiances lay predominantly in the host society rather than in the ethnic community or the old country. The least assimilated-oriented immigrants confined themselves to their ethnic conclaves, spoke their languages proudly, worshipped in their own way, and in general kept alive ethnic subcultures.

As racial and ethnic enclaves grew and became more obvious and often annoying to the deminant cultural group, the concept "cultural pluralism" developed a special appeal for Americans verbally committed to the ideals of democracy and tolerance (Zintz, 1969, p. 40). It implied cooperation between majority and minority; it suggested mutual respect, appreciation and acceptance of cultural differences; and it inferred that minorities would not have to fear repression or obliteration of their heritages. Cultural pluralism was put to a severe test during the great push for Civil Rights in the fifties and sixties, when the

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largest and most severely excluded minority in the United States, Americans of African descent, pronounced as never before great pride in their racial and ethnic heritage, in the course of demanding equal rights. Concurrently and subsequently other racial and ethnic groups--- American Indians, Spanish heritage people, Jewish Americans, and others--- declared aloud their identities, while decrying simultaneously the inequalities inflicted upon them by dominant group Americans. Their voices and the cries of Black Power announced to all the world that the United States is a country of many sub-cultures, from which constituent minorities acquire language patterns, customs, values, and world views which are often foreign to members of the dominant cultural group. The protests for equal rights caused a variety of reactions from mainstream Americans. These ranged from humanitarian concern to overt anger and hostility toward the minorities for upsetting the social status quo.

The social phenomenon just described reflects the fact that when human groups exist apart for whatever reason, voluntarily or forced, they, in time, develop different language habits and nuances, personalities, perceptions of themselves and others, and values and norms which guide their behavior. They become culturally different. The differences, in turn, become reasons for exclusion by those in power. In the United States, racial and ethnic minorities are excluded from equal opportunity to the degree that they are different from the dominant group. In the case of racial minorities, primary exclusion variables are color of skin, curl of hair, and slave heritage. These

are genetically transmitted; that is, if one or both parents have the characteristics, the offspring will have them also, at least to some extent. Although "slave heritage" is not a biological trait, the fact that one's forebears were slaves is historically indelible. Because of the dominant group's intense reactions to visible and imagined differences, primary variables, singly or interactively, eventuate into numerous potent secondary exclusionary forces, such as differences in language, values, education, income, housing, and general culture and lifestyle---the excuses dominant group Americans often give for excluding minorities, since one is less apt to condemn himself as a bigot than he would if he admitted to excluding human beings because of color, hair texture, or previous servitude, factors over which the excluded have no control.

Indeed, citizens in the American society are separate and unequal; and this fact is evident throughout the social order. Whenever and wherever majority group members meet and greet members of the minority groups, the likliheed of misunderstanding and ill will is great. Counseling, the largest helping profession in this country, has not gone untouched by the lack of understanding and goodwill between the majority and minorities. As a process, counseling is a psychological interaction involving two or more individuals. One or more of the interactants is considered able to help the other person or persons to live and function more effectively at the time of the involvement or at some future time. Specifically, the goal of counseling is to assist directly or indirectly the recipient or recipients

in adjusting to or otherwise negotiating the various environments which influence his or another person's psychological well-being. In order to accomplish this goal, the counselor must relate and communicate with his client, he must determine his state of adjustment, he must decide alone or with him the course of action needed to improve his current or future situation, and he should be able to intervene at some level of competency to assist the client.

The purpose of this article is to indicate the effects of racial and ethnic factors on the counseling process; i. e., to point out how cultural differences affect the ability of the counselor to relate and communicate with his client therapeutically, to discuss problems the counselor may experience in making a diagnosis of the minority group client, to suggest some difficulties inherent in making recommendations to assist minority group clients, and to consider briefly intervention problem often encountered in cross-cultural counseling.

The Relationship

Counseling is a dynamic process. Elements shift and gain or loose momententum as the interactants are replaced or increased and as problems become more or less demanding of their attention and concern. Even so, an attempt is made here to examine various aspects of the relationship as they relate to assisting minority group individuals.

Rappert. As a relationship between two or more individuals, counseling suggests ipso facto the establishment of a mutual bond between the interactants. The emotional bridge between the counselor and the counselee is referred to as rappert, a concept which pervades

therapeutic literature. Simply defined, it connotes the comfortable and unconstrained mutual trust and confidence between two or more persons (Buchheimer & Balogh, 1961, p. 4). In a counseling dyad, it implies positive feelings combined with a spirit of cooperativeness. In therapeutic groups, rapport is the existence of a mutual responsiveness which encourages each member to react immediately, spontaneously, and sympathetically to the sentiments and attitudes of every other member (Hinsie & Campbell, 1960, p. 625).

Rapport should not be misconstrued just as initial "small talk" designed to put the counselee at ease. It is a dynamic emotional bridge which must be maintained throughout the interview. During the relationship, the participants continuously take stock of each other. They notice how each individual presents himself: what is said and how it is said. The nature of the communication, explicit or implicit, can cause the counselee to alternate from trust to tacit reserve or even overt hostility. Exploring content that is threatening to the ego generally requires a more positive relationship bridge than is otherwise needed.

It is a matter of common experience that individuals find it more difficult to establish empathy with those unlike themselves (Katz, 1963, p. 6). Differences in racial and ethnic background, in socio-economic class, and in language patterns---these and other factors singly or interactively create rapport problems in the counseling relationship. Often the differences or similarities are so imperceptible that the counselee can not verbalize them. He can only feel them. For example, he can only express his good feelings toward the

counselor by the statement "He talks like us," which is equivalent to saying "He is one of us."

However, it is important to indicate that differences make a difference when all other things are equal. In the United States, minorities are so disadvantaged that any one of their kind who succeeds often is suspect by members of his own racial or ethnic group. On the one hand they view the achiever as a collaborator with the "enemy." How else could he have risen above them! On the other, they are consumed by destructive envy of him because he is better than they who have not achieved. The ambivalence is aggravated when self-hatred pervades the minority group in question. For example, in order to understand the complex dynamics of the black-black counseling dyad, one must consider the client's ambivalence toward the counselor and the self-hatred of the interactants. Self-hatred causes each to reject the other, as he rejects himself. This phenomenon helps to explain why white counselors may be more effective counseling some black clients than are black counselors.

In spite of these observations, it is still possible to offer some general advice for establishing rapport with minorities, especially with those who have not had a continuing relationship with members of the dominant cultural group. First, the counselor should try to avoid extremes in behavior. For example, he should refrain from over- or underdressing; i. e., he should dress so as not to call undue attention to himself. American reservation Indians appear to be extremely suspicious of too much talking, too many questions, and too much "putting

on the dog." Similar attitudes are pervasive among Appalachian whites, who historically have been suspicious of the city slicker with his foppish clothes and city ways.

In general, the counselor should curtail his small talk in the beginning of the interview, especially if he does not know what small talk is appropriate. Small talk may be perceived as an attempt by the counselor to delay the unpleasant. Therefore, it can be anxiety-producing. The counselor should start the interview with a direct but courteous, "How can I help you?" This will allow the client to chit-chat, if he is uncomfortable going immediately into his reason for coming to the counselor. Some Spanish heritage clients may annoy the Anglo counselor with the penchant to pry into his personal life. In such a case, the counselor should not be alarmed and reply to such a question as "Are you married?", and get on with the interview.

Structuring. On the whole, disadvantaged minority group members have had limited experiences with counselors and related therapeutic professionals. Their contacts have been mainly with people who tell them what they must or should do in order to receive wages, to get well, or to stay out of trouble. Relationshipswith professionals who place major responsibility upon the individual for solving his own problems are few. Therefore, the counselor working within such a context should structure or define his role to clients; i. e., he should indicate what, how, and why he intends to do what he will do. It is also important to communicate to the client and sometimes to his love-ones what is expected of him or them in the relationship. Failure to

structure early and adequately in counseling can result in unfortunate and unnecessary misunderstanding, simply because the counselor's interest and concern are unclear to the client, his parents, or significant others.

The counselor of deprived minorities needs to realize that he is working with people who, because of their cultural and experiential backgrounds, are unable or unwilling to participate in introspective explorations. Therefore, techniques such as prolonged silences should be avoided, at least until positive rapport has been established, for their use tends to become awkward and to increase the distance between the counselor and his client (MacKinnon & Michels, 1971, p. 398).

The counselor may find it particularly difficult conducting an interview in which personal issues must be explored. Appalachian whites, for example, find very offensive personal queries which the counselor may perceive to be innocuous. Often parents of counselees are the first to let him know this, especially if he happens not to be "from 'round here."

In general, more than usual attention should be paid to structuring when the sub-cultural group is typically suspicious of outsiders for whatever reason and when the socialization patterns in the group encourage a structured, well ordered approach to life. For example, the well-defined roles and expectations for members of the orderly Chinese-American family probably explain why high school and college students from such families prefer concrete and well-structured situations in and out of the classroom (Sue & Sue, 1972). The ambiguity

typically inherent in the counseling process is terribly disconcerting to them, to say the least.

Resistance. The counselee's opposition to the goals of counseling is usually referred to as resistance. It may manifest itself in a variety of ways, such as self-devaluation, intellectualization, and overt hostility. Although the counselor may recognize the various manifestations when he counsels a middle-class white counselee, he often fails to recognize the phenomenon in the minority group client, probably because he is so overwhelmed by the visible or perceived differences of his client that he fails to follow his usual counseling procedures.

Although many Spanish heritage clients are unable to converse fluently in English, others may reveal to the counselor's subsequent surprise that they are quite adequate in that language. The client's alleged inability to speak English must be viewed therefore as resistance, either to the counselor himself, to the Anglo establishment, or to both (MacKinnon & Michels, 1971, p. 394).

It has been observed also that many young blacks, urban or rural, appear to be shy and withdrawn in the counseling dyad or group. The counselor unfamiliar with the nuances of black culture may be quick to assess the behavior as just another unfortunate effect of social and economic deprivation. However, the client's perception of his own conduct may be very different: he's just "cooling it." He knows how to rap beautifully about whatever, but is unwilling to do so, until he is convinced that his audience is a person of good will.

On the other hand, such clients may be so talkative that they refuse to let the counselor get a word in edgeways. Although such deportment may be perceived as an indication of positive rapport and desire for assistance, it can also mean that the client is "playing along" the counselor. It is somewhat similar to a sandlot basketball game in which the ball is being passed to all players but one, the isolate. In this case, the counselor is the outsider.

Other examples of resistance among minorities in the counseling relationship can be cited. A very obvious one is failure to show up for an appointment. American Indians, for example, are very reluctant to disagree or be uncooperative, especially with someone of higher status than they. Such reluctance may be observed also among many low status Southern blacks, vis-a-vis whites, although perhaps for different reasons. Indians and blacks of all ages may agree to come in for an interview or conference, when, in fact, they have no intentions of following through. They promise to do so out of courtesy, respect, or fear.

Transference. Transference refers to an individual's reacting to a person in the present in a manner similar to the way he has reacted to another person in his experience (Greenson, 1964, pp. 151-152). In other words, transference is a repetition or new edition of an old relationship. It may be conscious or unconscious, positive or negative, and is considered a form of resistance to the goals of counseling (Harrison & Carek, 1966, p. 77). Common in most therapeutic involvements, transference is especially knotty in the majority-minority

counseling dyad or group, because minority group members bring to the relationship intense emotions derived from experiences with and feelings toward the majority group.

In counseling, the client expects the counselor to be succorable and supporting or punishing and controlling (Brammer & Shostrom, 1968, p. 234). Minority group counselees usually anticipate the majority group counselor to exhibit the latter behavior, either because of direct experiences with people who remind them of the counselor or because of socialization which taught them to react to members of the majority group or those who identify with that group with suspicion. For example, pre-school Pueblo Indian children know better than to tell the "white man" about anything that is happening in the village (Zintz, 1969, p. 207). In barrios of the Southwest, the Mexican-American's fear of and hostility toward Anglos are evidenced by four and five year old children's running ahead of any official looking vehicle entering their neighborhoods screaming "La migra, la migra," the migration officials (Moore, 1970, p. 91). Such behavior implies that these children learn before they enter school that Anglos are not to be trusted. It is easy to understand why many of them associate a counselor in a private office with the "policia" or some other official who does not have their best interest at heart.

Black children also learn at an early age, often at the feet of their parents, that white people are not to be trusted. As they mature in decaying ghettos of great cities they have other experiences which lead them habitually to approach whites with resentful anxiety,

distrust, hostility, and ambivalence. In a similar way, many Appalachian children learn that outsiders, whatever color they happen to be, are people who "mean no good." Thus, their school counselors, especially those perceived as outsiders, find that mountain children appear to be fearful, shy, and reluctant to talk (Weller, 1966, p. 49).

Countertransference. Countertransference is the transference of the counselor to the counselee. The counterpart of transference, it may lead to persistent inappropriate behavior toward the counselee and result in untold strains in the counseling relationship. Although counselors are quick to recognize transference as a reality, they find it difficult to consider the possibility that they may not accept, respect, or like many of their counselees (Harrison & Carek, 1966, p. 192). Their professional training has tended to inculcate in them the notion that they should be imbued with empathy, positive regard, unconditionality of positive regard, and congruence. They, therefore, fail to admit that they are also mothers and fathers, voters, property owners, taxpayers, Northerners and Southerners, and Republicans and Democrats---in a word, that they are human beings with a variety of attitudes, beliefs, and values---conscious and unconscious---which invariably affect the counseling relationships which they establish with minority group people.

As products of a society which has been characterized as racist, counselors bring to the therapeutic relationship preconceived attitudes and ideas about racial and ethnic minorities. The preconceptions manifest themselves in numerous ways. Because majority group members occupy

the most powerful and prestigious positions in society, they are often perceived rightly or wrongly by minority group people as "Ugly Americans," as authoritarian and condescending. In counseling, this phenomenon may be described as "The Great White Father Syndrome." The counselor communicates to minority group clients that he is not only omnipotent (probably because he is a member of the majority group) but that he means them nothing but good as well. He literally guarantees them that he will "deliver," if they will put themselves in his hands. Simultaneously, he communicates, albeit unconsciously, the implication that if they do not depend on him, they will be doomed to catastrophe. The great white father syndrome may be interpreted as countertransference, because it suggests that the counselor is anxious to demonstrate not only his power and authority but also to prove that he is not like all the other majority group people the minority group clients may have known.

Another general manifestation of countertransference is the counselor's tendency to be excessively sympathetic and indulgent with minority clients. For example, his definition of achievement for them may be in wide variance with his achievement yardstick for members of the majority group. Does he view achievement for minorities as that level of attainment---educational, social, occupational, and economic---considered meritorious, laudable, acceptable, or desirable as measured by criteria, explicit or implicit, which are established or espoused by the dominant cultural group; or does he consider it appropriate to use a different set of achievement criteria for minorities, simply

because they are minorities? If the latter is the case, he is guilty of saying, thinking, or implying that his minority group client is pretty good for a black, Mexican-American, or an Indian.

Language. Language is a part of an individual's culture or sub-culture. Failure to understand one's culture is failure to comprehend much that he communicates in his language. In order to communicate effectively with minority group clients, the counselor must be able to understand the verbal and non-verbal language of his counselees, for both aspects are dependent on each other. If the converser listens only to the speaker's words, he may get as much distortion as he would if he "listened" only to his body language. To understand the meaning of gestures, postures, and inflections, it is important to know a people, their institutions, values, and lifestyle.

The counselor encounters varying degrees of difficulty communicating with racial and ethnic minorities. For example, on Indian reservations, variations in facility to use English can be illustrated on the one hand by some of the Pueblos of New Mexico, where no English is spoken in everyday life, and on the other by the Fort Berthold Reservation Indians of North Dakota where almost everybody speaks English. On the Choctaw Reservation in Mississippi, about four percent of the families use excellent English; fifty-seven percent, good; and thirty-nine percent use poor English (U. S. Department of Labor, 1968, p. 130). Although this description is fairly typical of English facility among reservation Indians in general, young Indians, as might be expected, having gone to school in English, use that language with greater facility than do their elders. Even so, Indians of whatever

age communicate with great economy of language; and they are given to the use of concrete, as opposed to abstract words. Therefore, counselors find that Indian clients are limited in the ability to express personal feelings, which is considered necessary by most counselors.

In the Southwest, Spanish heritage people customarily live in enclaves isolated from the English speaking community. In many counties in Texas and New Mexico, the children enter the English speaking world for the first time when they enroll in public schools. In classrooms children unable to speak English are often threatened with punishment, if they speak in their native language. Badly needed to assist these children and their parents are bilingual counselors who speak Spanish natively, because many Anglo counselors who have studied Spanish in school find that they are still unable to communicate with alingual or biculturally illiterate children who speak neither English nor Spanish that is standard (Moore, 1970, pp. 77-78).

The counselor is less handicapped in communicating with Appalachian whites than he is with American Indians and Spanish heritage clients. Even so, he usually finds therapeutic communication difficult, because mountain people tend to use simple Anglo-Saxon words as opposed to Latinic ones. Their speech is characterized by a reduction in qualifiers, adjectives, and adverbs, especially those which qualify feelings (Weller, 1966, p. 144). Therefore, the counselor expecting his Appalachian clients to talk a great deal about how they feel is apt to be disappointed. Unique idioms and pronounciations also may constitute communication barriers, at least until the counselor's ears become

attuned to the language patterns.

Among lower-class blacks, the counselor, black or white, often experiences difficulties in understanding not only slurred pronunciations, but also idioms and slang endemic to the community. Some counselors, not wishing to reveal that they cannot or do not understand the counselee's argot, continue the dialogue, hoping to catch up later one. Unfortunately, they often discover that the more they allow the client to talk without clarification, the more confused they become as to what he is saying. If the counselor fails to understand the client for whatever reason, the most honest thing to do is to ask him for an explanation or repetition of his statement.

The counselor probably experiences more difficulty understanding implicit language in the lower-class black community than he does comprehending the explicit (Wachtel, 1967). Individuals speak not just with their voices alone; they use their entire bodies either to make a complete statement or to punctuate one (Kris, 1941). For example, the "hip" shuffle of the young black male, his slouched sitting position with chin in hand, his erect stance with genitals cupped, the apparently unconscious wipe at the chin or mouth with his hand when there is nothing visible to wipe away---all of these non-verbal expressions are filled with significant meaning, if the counselor can interpret them (Beier, 1966, p. 279). To arrive at the correct interpretation, the counselor must understand both their general and contextual meanings. He needs to recognize that the more emotionally charged the verbal language, the less definite is its meaning and more important are the accompanying non-verbal expressions (Vetter, 1969, p. 125).

Occasionally, the counselor may need to use an interpreter with Indian and Spanish heritage clients. If an interpreter is needed when counseling or communicating with Hispanic people, it is important to use someone whom the individual can respect (Hidalgo, n. d., p. 13). For example, the Anglo counselor would be advised not to ask a third or fourth grade Spanish speaking student to interpret for him when he consults with a Spanish speaking parent. Because of the demand for respect so characteristic among the Spanish speaking, the counselor should obtain someone whom the parent can respect as he respects him, the counselor.

Knowledge of the client's language and its nuances is important in counseling, because so many customary counseling techniques demand fluency in this area. Paraphrasing, reflection, and interpretation presuppose understanding the client's language. In order to reflect accurately what the client is experiencing and feeling, the counselor should be able to interpret non-verbal behavior. He must not allow skin color or accent to blind him to cues which would be otherwise obvious if he were counseling a majority group client.

Psychosocial barriers. Several psychosocial characteristics of racial and ethnic minorities constitute, singly or interactively, barriers to the achievement of therapeutic goals in the counseling relationship. These barriers are usually unconscious aspects of the personality and are derived primarily from the American culture which both socializes and oppresses its minorities simultaneously. Occasionally, current behavior patterns can be traced back to the old country. Some of the barriers are discussed below.

1. Self-disclosure. Self-disclosure, or the willingness to let another person know what you think, feel, or want, is basic to the counseling process. It is particularly crucial in the rapport establishment phase of the relationship, because it is the most direct means by which an individual can make himself known to another person and is, therefore, prerequisite to achieving the goals of counseling. People of African descent are especially reluctant to disclose themselves to others, probably because of the hardships which they and their forebears have experienced in the United States. Many of them, especially the males, are devoid of confidence in human relations (Kardiner & Ovesey, 1962, p. 308).

Reluctance to disclose is a problem in the white-black dyad, because few blacks initially perceive whites as individuals of good will. The client discloses himself when he feels that he can trust the target person, not necessarily when he feels that he is being understood (Jourard, 1964, p. 4). In fact, the black client fears being understood, for it carries with it the idea of engulfment, of loss of autonomy, of being known, and that is the same as being destroyed in a society which he perceives as racist. Obviously, the fear of being understood has grave implications for individual and group counseling. It is conceivable that, in the case of the black client, the counselor who understands too much is to be feared or even hated.

2. Self-hatred. When one is a member of an ostracized, excluded, or oppressed group, he tends not only to despise his group, but also to hate himself for being a member of the group. In the

United States, blacks, more than any other minority, have unconsciously identified with the majority group, their perceived oppressors, and, consequently, have developed contempt for, and hatred of, themselves (Vontress, 1971). In view of the generally acknowledged positive correlation between self-rejection and the rejection of others, the counselor may expect repulsion, passive or overt, from the black client for this reason alone. The counselor's helping the black counselee to accept himself more positively should result in the client's progressive acceptance of the counselor.

3. Machismo. When counseling the Hispanic male, it is important to understand the meaning of machismo, which refers to one's manhood, the manly traits of honor and dignity, to the courage to fight, to keeping one's word, and to protecting one's name (Steiner, 1969, p. 386). It also refers to a man's running his home, "controlling" his women, and directing his children. Therefore, machismo, which provides respect from a male's peers, is not to be taken for granted. It also suggests rather clearcut separation of the sexes. The male, ipso facto, enjoys rights and privileges denied women, who are generally reluctant to demand equality. It is probably because of machismo that Spanish heritage boys and girls are often more uncomfortable and uncommunicative in coed group counseling than is the case with groups composed entirely of Anglos. Another implication of machismo is that Anglo female counselors should not be too aggressive or forward in the counseling interview with Hispanic males, not even with preadolescents. The right amount of deference must be shown at all times.

4. Personalism. Personalism is a rather stubborn counseling barrier among Appalachian whites, Spanish heritage people, and blacks. Although a precise definition is difficult, it suggests that individuals are more interested in and motivated by considerations for people than they are by bureaucratic protocol. The mountaineer derives self-identification mainly from his relationships with others (Fetterman, 1971). Therefore, he puts a lot of stock in being neighborly. For him, it is more important to pass the time of day with a friend encountered en route to an appointment than it is to arrive at the destination punctually.

Refusing to be enslaved by clocks, mountain people transact their business by feeling, not protocol (Weller, 1966, p. 159). People adherent to appointments, promptness, and protocol are suspect. In counseling, personalism encounters the counselor in getting his clients to make and keep appointments. They prefer to drop by to "pass a spell" and "visit" and may get around to discussing something that has been "bothering my mind," while they are there.

As suggested earlier, asking a counselor personal questions may be the Hispanic person's way of getting close to an individual who might otherwise remain impersonal. Although the lower-class black is reluctant to ask a counselor direct personal questions, he is generally more comfortable relating to him after he has obtained at least a modicum of information about the counselor as a human being; i. e., he is apt to "check out the dude" before "spilling my guts" to him.

5. Listening. Counseling requires, among other things, listening, an area in which many lower-class blacks and Appalachian whites have little experience, probably because of their early socialization in large families. Often their homes are filled with din and confusion, with everybody talking simultaneously, as Surface (1971, p. 32) points out. In such an environment, young people soon learn not to listen to what words mean, but to emotions speakers convey (Weller, 1966, p. 49). This is why the observant counselor may discern a blank stare on the face of his client, even when he perceives himself to be providing the youngster with much needed insight. The empty facial expression indicates that the client has tuned out the counselor until he stops talking. The inability of black and mountain people to attend to a speaker may help to explain why their conversation seems to have little continuity of ideas. Inability to listen hampers more directly group counseling than it does dyadic relationships.

6. Modesty. Modesty in the presence of superiors is a relationship barrier in counseling Japanese-Americans. The phenomenon may be attributed to the total respect customarily paid the father, whose authority in the family is beyond question, and toward whom one is forbidden to express overt negative feelings (Kitano, 1969, pp. 64-67). Many young Japanese-Americans are so imbued with awe of authority that they hesitate to express their feelings on any subject, when they are in the presence of higher status individuals, or when they are expected to articulate their views in groups. It is easy to understand how their hesitancy intrudes in the counseling relationship, dyadic or group.

Characteristic reserve in the Japanese-American personality makes it difficult to determine where cultural patterns end and psychologically debilitating symptomatology begins (Kitano, 1970). The counselor must have two perceptual yardsticks for measuring normal behavior; i. e., he must be able to determine what is deviant behavior in the Japanese-American sub-culture as well as what is aberrant in the culture at large.

Reserve among many Puerto Rican females and rural lower-class blacks in general corresponds closely that of Japanese-Americans. The well-bred Puerto Rican girl often avoids eye-to-eye contact, especially with men, a fact which may cause the Anglo counselor to draw false conclusions about her character and personality. Her hesitancy to voluntarily interact in group counseling may be attributed to socialization in the Puerto Rican culture in which boys are expected to assert their manhood, while girls remain retiring. Traditionally, Southern blacks were expected by Southern whites to be non-assertive and passive. The residue of such expectations remains today, especially among lower-class blacks in the South, and probably helps to explain why black youngsters are often hesitant to interact in interracial counseling groups.

These, then, are but a few psychosocial barriers the counselor may experience in therapeutic interactions with racial and ethnic minorities. Others could be cited to illustrate the importance of the counselor's being cognizant of sub-cultural factors when relating to culturally different clients.

Diagnosing

In order to accomplish the goals of counseling, the counselor must be able to relate to, and communicate with, his client; he must be able to determine the client's state of adjustment; he is expected to make therapeutic recommendations designed to assist the client; and he must be able to intervene personally to assist the individual. Although relating to minority group people is problematic, as has been pointed out, making an accurate diagnosis of culturally different counselees is probably fraught with more difficulties. Albeit his clients are racially and ethnically different, the counselor perforce relies on the same assessment tools and procedures used in counseling majority group clients.

Diagnostic techniques. Commonly used diagnostic techniques, whether standardized or unstandardized, are generally questionable for assessing minority group clients. The ones most used today are standardized and objective; i. e., their procedure, apparatus, and scoring have been regularized to allow replicated administration; and every observer of performance arrives at the same report. Included in this category is a variety of commerically available instruments labelled proficiency, achievement, developmental, intelligence and personality tests, and a limited number designated interest inventories.

There are several problems inherent in using these instruments with minorities. The first one can be described as situational. For disadvantaged minority group individuals, extended structured situations demanding assiduity are physically and psychologically annoying.

Unusual surroundings, formal procedures, and unfamiliar people so characteristic of large group testing environments, individually or combined, aggravate their annoynance and often account for anxiety sufficient to depress scores of reluctant examinees (American Psychological Association, 1969). In the case of blacks, examiners with regional accents which put them on guard can influence performance. In general, white people with Southern accents are associated with prejudice and discrimination; therefore, they as test administrators are apt to produce in blacks anxiety which may affect test performance.

Steps can be taken to assure an environment most conducive to optimum performance of minority group individuals on standardized tests. First, test administrators should prepare the examinees in advance for the test. Individual and group counseling is one vehicle which can be used not only to allay apprehension about test taking, but to motivate them toward optimum performance as well. Secondly, in order to insure the most favorable testing conditions, the size of the testing group should be kept small; i. e., ten or twenty examinees to a room. Herding groups of fifty, a hundred, or two hundred students into a large arena is most undesirable. Thirdly, test batteries requiring from six to eight hours to administer should be given in segments extending over several days. Finally, examiners and proctors of the same racial and ethnic background as the examinees should be used whenever possible.

In general, language constitutes a handicap for minorities taking standardized tests, not necessarily because it serves as a

people's vehicle for communication, but because of its role in the transmission of culture from one generation to another. As a major aspect of culture, it is also a barometer which reflects changes in cultural demands and expectations, however subtle (Cohen, 1956, pp. 78-125). Those who observe that minorities are verbally destitute, and somehow connect the destitution with depressed scores on standardized tests, overly simplify a complex problem. Language differences are simply indicative of more global and significant differences, cultural.

The more assimilated a minority group, the fewer problems its members are apt to experience in taking standardized tests. Groups may loose their total cultural identity as many ethnics have done; they may do as Jewish and Japanese-Americans have done, accept selectively achievement related aspects of the host culture, while simultaneously retaining many components of the old; they may become equicultural, moving comfortably back and forth across the line separating the old culture from the new; or they may remain essentially cultural isolates. The majority of American Indians, Americans of African descent, and Mexican-Americans can be classified as cultural isolates, because they are excluded physically and psychologically from the cultural mainstream of the American society. The language difficulty which they experience in taking standardized tests is but one of the manifestations of their exclusionary status.

In view of this problem, counselors should determine informally the degree to which the individual is assimilated in the American

culture, before administering him a standardized test. If he is a cultural isolate, insisting that he take a standardized test in the idiom of the host culture is questionable. The examiner should determine also the reading level of the examinee before subjecting him to a test which demands reading facility. If the readibility level of the test is beyond the individual's reading ability, there is little to be gained by using the test.

Because of the cultural barriers encountered in using standardized tests with racial and ethnic minorities, it is often felt that substitute procedures should be employed. The obvious alternative is the impressionistic approach; i. e., the counselor looks for significant cues by any means available and integrates them into a total impression of the individual's ability, personality, aptitude, or other traits. The unstandardized procedures include observations, anecdotal records, and interviews---analytic techniques well known to counselors. Unfortunately, for minorities, these assessment approaches are probably more unreliable than the objective, standardized techniques, because of cultural stereotypes which impair the counselor's ability to diagnose individuals from sub-cultural groups, of which he is not a member. Culture determines the specific ways in which individuals perceive and conceive of their environment and strongly influences the forms of conflict, behavior, and psychopathology that occur in members of the culture (Horney, 1966, pp. 176-177; Horney, 1937, pp. 13-29). This fact helps to explain why, for example, white counselors generally find it difficult to determine through an impressionistic interview

where the usual Japanese-American modesty and reserve end and psychological malady begins (Kitano, 1970). Anglo counselors are also generally inapt in assessing psychological morbidity in blacks, mainly because for so long whites have accepted, expected, or demanded bizarre behavior of Negroes.

Recurring problems. Although each minority group counselee should be perceived and counselled as an individual, several common problems plague identifiable minorities in the United States. The severity of each problem depends on, among other things, geographic location and level of assimilation and deprivation. Three recurring problems are economic deprivation, educational deficiencies, and negative self-concept.

In general, the unemployment rate of minorities far exceeds that of the majority group. On countless reservations and in many ghettos and barrios, more abled-bodied people are unemployed than are employed. Economic deprivation, resulting from unemployment and low-paying jobs, in turn leads to a complex of psychosocial problems. For example, inadequate and high density housing fast give rise not only to family dissension but to increased morbidity as well. Life becomes so difficult that short-run hedonism necessarily becomes one's goal.

Intertwined with economic disability are educational deficiencies so much in evidence in black, Mexican-American, and Indian communities. Although there is no concensus on the causation of educational bankruptcy among minorities, it seems clear that a complex of factors such as poor nutrition, inadequate housing, insufficient or improper familial

stimuli and role models, poor teachers, and limited school resources interact to constitute a formidable barrier to equal education.

Members of sub-cultural groups enduring victim status in a country, over an extended period of history, soon come to view themselves negatively. Illustrative are blacks who were abducted to this country, stripped of their language, heritage, and religion, and assigned an inferior status from which few of their kind have been able to escape. Their lack of identity and consequential self-contempt help to explain their lack of academic achievement, interpersonal conflicts, intra-group hostility, and drug abuse, especially among young black males in urban areas.

Among American Indians, confusion over cultural identity also leads to interpersonal problems that are expressed in terms of jealousy and suspiciousness of others (Samora et al., 1965). Envy and distrust of one's peers are reflected in the school performance of many Indians who are reluctant to surpass the achievement of their classmates; in their hesitancy to assume leadership roles which might lead to insidious comparisons; and in hostility and conflict between adolescents and their elders. Widespread alcoholism among Indians, even teenagers, may also be attributed to loss of cultural identity and the accompanying institutional and ritualistic restraints which provided significant meaning and direction in life (Kiev, 1972, p. 113; White man brings..., 1972).

Therapeutic Recommendations

Having made a diagnosis of the client's situation, the counselor needs to conceptualize what needs to be done, why it should be done, and by whom it should be done to alleviate, enhance, or insure continuous development of the trait or condition diagnosed. He also should be able to anticipate the probable immediate, intermediate, and final consequences of each action recommended. In order to do this, the counselor should know the demands and expectations of the client's sub-culture, not just those of the dominant cultural group.

In counseling disadvantaged minorities, many of the counselor's recommendations reflect explicitly or implicitly, directly or indirectly, an immediate or longrange attempt to help the client move from his racial or ethnic cultural influences to mainstream status or living style. For example, an Anglo counselor new to the black ghetto may recommend that a child be removed from his home which the counselor considers deplorable without realizing that by local community standards the home is quite good. Another counselor insists that a Puerto Rican girl who has scored high on the Scholastic Aptitude Test apply for admission to a college where she can surely get a scholarship, without first consulting with her father who believes that a nice Puerto Rican girl should get married, have children, and obey her husband. Illustrative also is the counselor who directs a black student to a predominantly white college instead of a black institution, without realizing that the young man in an all-white environment is apt to very lonely for the culturally familiar.

The examples are cited not to suggest that the counselor should refrain from making what could be termed cross-cultural recommendations. Rather, the intent is to show that most therapeutic recommendations made by counselors are, in effect, slanted toward the mainstream life style. As such, they are often antithetical to the demands and expectations of the client's particular sub-culture. Therefore, the counselor must help his clients make a series of intermediate adjustments prerequisite to becoming comfortable with the demands and expectations of the host culture. Often the problems are related to guilt feelings associated with having left behind people who still suffer as he has suffered. There is also fear of achievement which is pervasive among disadvantaged minorities. This phenomenon, upon closer inspection, is essentially fear of the envy of one's racial and ethnic fellows.

Intervention

In cross-cultural counseling, often the counselor is unable to intervene effectively on behalf of his client for several reasons. The minority group client himself may be resistant to the goals of counseling. Intervention involves change, and that may trigger a personal social cataclysm, with which he is unwilling to cope. For example, the mountain boy who is the first in his community to go away to college may worry that his friends staying behind will find him different upon his return. A black youngster from the ghetto may be reluctant to accept a scholarship to a predominantly white university , choosing instead to attend a smaller all-black college,

because he fears loosing his "blackness," which his friends consider important.

Also, intervention can be blocked directly by the client's significant others. Counselors in Appalachia are chagrined sometimes to discover that their counseling is undone by superstitious parents once the child gets home to report the content of the counseling interview. In extended Oriental and Hispanic families, it is important to recognize that family members rarely make individual decisions. In such situations, the counselor may need to provide family counseling in order to intervene on behalf of a single member, no matter how old he happens to be.

That the counselor typically works within an institutional setting suggests that there are forces outside the counselor's office which can hinder his intervention efforts. For example, the school counselor may find that he alone cannot help Spanish heritage or black children adjust to a predominantly Anglo school, if the janitors, teachers, fellow students, and administrators are hostile to their presence. In government, although the personnel counselor places a minority group employee in a position commensurate with his experience and skills, he may be unable to control the indifferent reception of other employees or the demeaning tasks assigned by the supervisor.

Intervention on behalf of minority group clients frequently is made difficult and sometimes impossible because the community at large is indifferent to the needs and problems of the minority group in question. For example, in the Southwest, many Spanish heritage children

are doomed to failure in the public schools, because English is the sole language of instruction. Although the counselor may recognize that some of his Spanish-speaking clients who are failing are in fact extremely gifted, often he is unable scotch their academic demise because the Anglo community, which controls the purse strings, just does not care when it comes to "those kids."

Conclusions

Numerous problems exist in counseling minority group counselees. They derive primarily from cross-cultural barriers which cause communication static and distortion in interactions involving individuals from culturally different backgrounds. The fact that the client comes from a distinct sub-culture impairs the counselor's ability to determine not only what difficulties he may be experiencing but also leaves him at loss as to what to do to prevent or alleviate them.

Now that the ~~impediments~~ have been described, what should be done? Concerned counselors ask for special techniques to use with minorities. Others want to know whether it is better for minorities to be counselors to other minorities, since racial and ethnic barriers are so threatening and difficult to penetrate. Few counselors ever ask what they can do to change themselves; few want to know how they can become better human beings in order to relate more effectively with other human beings who, through the accident of birth, are racially and ethnically different. The failure of counselors to ask these questions indicates essentially why counseling minorities continues to be a

problem in this country. Counselors are products of a culture which has been characterized as racist. They, in spite of a few graduate courses in counseling and psychology, are shaped by that culture.

Counselors in service and in training need to be exposed to new experiences if they are to become effective counseling minorities. Although a course in counseling racial and ethnic minorities may be another exciting and rewarding cognitive exposure, needed most are affective experiences designed to humanize counselors. Therapeutic group activities extending over long periods, practicums and internships in minority group communities, living in sub-cultural environments, and individual therapy---these are just a few suggestions for helping counselors grow as human beings. However, these experiences presuppose that counselor educators and supervisors have achieved enough personal insight and knowledge of minorities to help others develop in the manner suggested.

Finally, research is needed badly. However, there are so many complex and imprecise dimensions in cross-cultural counseling that they elude traditional empirical scrutiny. Variables such as transference, countertransference, self-disclosure, machismo, and personalism are affective considerations, which demand novel research strategies. The investigator himself must be comfortably polycultural, in order to perceive clearly across racial and ethnic lines, a prerequisite to designing research which allows rejection or acceptance of the assertions made in this paper. A glaring research pitfall is the investigator's assuming that racial and ethnic identity is unidimensional.

For example, the researcher fails to control for the degree of assimilation in the case of black clients and counselors, or the extent of prejudice in the case of white clients with black counselors and white counselors with black clients.

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